

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001830**

GENERATOR (Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

SFUND RECORDS CTR
999000324

② Name ALUMINUM CO. OF AMERICA Name CLINTON FLD
EPA NO. CA12074126681 EPA NO. CA00000013024
Address 5151 BALCONIA Phone No. 586141 Address 900 POTERRO GARDEN
City, State, Zip LAFAYETTE 900 City, State, Zip CLINTON PARK

Name RETURN
EPA NO.
Address
City, State, Zip

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER:
TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☒ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY #7 ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS FABRICATION

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A. <u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. <u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. <u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. <u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. <u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. <u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. <u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material <u>100</u> %		

⑩ WASTE PROPERTIES: pH 7 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other ALUMINUM OXIDES, WATER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ K. J. Jones Signature of Authorized Agent and Title 2-13-81 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME ASBURY OIL CO.
EPA NO. CA0028277036
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392
CITY, STATE, ZIP Gardena, California 90249

⑮ PICK-UP DATE 2-13-81
TIME 900 ☒ AM ☐ PM
2-13-81 Date

⑯ P. B. Lewis Signature of Authorized Agent and Title

TSD FACILITY (FACILITY OPERATOR MUST COMPLETE)

⑰ NAME OPPERAL JAD Tm 18 QUANTITY (If Measured) 1003mm
EPA NO. CAFE00012424 19 STATE FEE (If Any)
PHONE NO.

K001253

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉑ NAME
EPA NO.

㉒ HANDLING OR DISPOSAL METHOD:
☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Reuse ☐ Storage/Transfer

㉓ P. B. Lewis Signature of Authorized Agent and Title 2-13-81 Date Accepted